two business men, two doctors, two ladies and the Governor. Eight Governors had already complied with this request, but Governor Johnson had not seen fit to make such apointments. A number of letters were exchanged through the months of January, February and March and on March 20th notification was received from the executive office at Sacramento that the following committee was appointed:

Hon. George C. Perkins, Hon. Jno. D. Works, Hon. Wm. D. Stephens, Hon. Jos. R. Knowland, Dr. George H. Kress, Dr. Philip King Brown, Mrs. Samuel Brust and Miss Katherine C. Felton, making eight members, when eleven had been requested. The two vacancies have not been filled and this Association is authorized to complete the appointment of this committee.

The Red Cross Seals campaign was carried on as in previous years.

A new supply of circulars of information regarding the methods of preventing the spread of tuberculosis were ordered printed, repeated requests for these leaflets having been received throughout the year.

Of the five bills recommended by the Tuberculosis Commission appointed by the State Board of Health and passed by the legislature, but one was signed by the Governor. Your Secretary worked faithfully during the entire session of the legislature for the passage of these measures, participating in all of the hearings before the various committees and lobbying for votes on the floor of both houses. The bill which became a law provided for the establishment and maintenance of a department of tuberculosis under the direction of the State Board of Health. The Governor refused to sign other measures because of difficulty of financing the operations of the provisions of the bills.

Riverside, Cal., April 25, 1914.

Dr. Philip Mills Jones,
San Francisco, Calif.

Dear Doctor:—Enclosed please find copy of my annual report as Secretary of the California Association for the Study and Prevention of Tuberculosis.

The papers presented at the meeting were discussed by the following men:

Dr. Edw. von Adelung, of Oakland; Dr. John C. King, of Banning; Dr. Philip King Brown, of San Francisco; Dr. Voorsanger, San Francisco; Dr. Jackson Temple, Santa Rosa; Dr. Boardman, San Francisco; Dr. C. C. Browning, Los Angeles; Dr. G. H. Kress, Los Angeles; Dr. F. M. Pottenger, Dr. Howard, Sacramento; Dr. G. G. Moseley, Redlands; Dr. Dunn, San Diego; Dr. Gillihan, Oakland; Dr. Strietmann, Oakland; Dr. Ely, San Francisco; Dr. G. H. Evans, of San Francisco; Dr. Carling, of Los Angeles; Dr. Watkins, of San Francisco; Dr. Page, Berkeley, Dr. Martin.

Yours sincerely,
GEORGE E. TUCKER,
Secretary.

THE EARLIEST MANIFESTATIONS OF TUBERCULOSIS AND TREATMENT.*

By GEO. E. EBRIGHT, M. D., Instructor in Medicine, University of California, San Francisco.

The diagnosis of early pulmonary tuberculosis in this discussion may be defined as the recognition of a focus of incipient tubercular inflammation, and also the recognition of the first advances of a recrudescence of an arrested or latent lesion. It is axiomatic in tuberculosis that the greater the number of early diagnoses, the greater will be the number of recoveries; conversely, it may or may not be an hyperbole to state that the presence of advanced tuberculosis presupposes failure of early diagnosis, allowing of course for the virulence of the infection and the fighting qualities of the patient's organism. However, it does not require the force of exaggeration to emphasize the all too patent fact that in a most pitiably deplorable number of instances lives are lost because the physician has not made himself familiar with the easily elicited signs of beginning tubercular infection. Advanced tuberculosis may also mean neglect upon the part of the medical adviser to enforce a rigid regime of treatment at first. Misdirected pity too often compromises judgment.

Incipient tuberculosis does not manifest itself by any one pathognomic sign as does the advanced disease by the presence of Koch's bacillus in the sputum, but its recognition depends rather on the scrutiny of a complex picture the parts of which are with painstaking care elaborated from the history of the patient's family and his associates, the story of his former life, the various subjective symptoms of which he may be aware and the physical changes produced by his malady. In a word, the secret of early diagnosis depends upon adherence to a systematic scheme of case-taking and then a consideration of the patient's rational symptoms and the physical signs.

A word about tuberculosis in children. The work of Von Pirquet laid the foundation for the now generally accepted dictum that by the age of sixteen years practically all children have had tuberculosis, so the disease of the adult is very likely to be a lighting up of a previous infection which an attenuated state of the individual's resistance or a reinfection by repeated contact with other tubercular individuals and the onslaught of overwhelming numbers of bacilli has brought about. Such lowering of resistance frequently follows measles and whooping cough in children or typhoid. over-fatigue, etc., in the adult. The consideration of tuberculosis in children means particularly a search for glandular tuberculosis, especially swelling of the glands at the base of the lung and in the mesentery.

Peribronchial adenitis often causes chronic dyspnea; percussion may elicit dullness in the region of the sternum; the radiogram shows a mediastinal shadow and the tuberculin reaction the nature of the lesion. In children as well as in adults it cannot be too greatly emphasized that every patient

* Read before the Annual Meeting of the California Association for the Study and Prevention of Tuberculosis, held jointly with the Forty-fourth Annual Meeting of the Medical Society of the State of California, Santa Barbara, April, 1914.